

DOMESTIC PROFIT CORPORATION  
FILING FEE \$25.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONRETURN ORIGINAL BY MARCH 31  
PENALTY FOR LATE FILINGH SJ  
R/JMKK

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2000  
CORPORATE NAME AND MAILING ADDRESS:~~RESORT MANAGEMENT SERVICES (HAWAII), INC.~~  
~~PALAHU POWER, STE 1360~~ 360 Pukalani Street  
~~1001 BISHOP CT~~ Pukalani Hawaii 96768  
~~HONOLULU HI 96813~~If the above mailing address has changed, line out address and type or print the new address on the following line.  
Include City, State, and Zip Code:

1. AUTHORIZED CAPITAL	NUMBER	PAID-IN CAPITAL	NUMBER OF SHARES ISSUED
CLASS COMMON	20,000	CLASS COMMON	NUMBER 1,000

To correct the above capital(s), line out and print the correct class and numbers on the right.

2. NATURE OF BUSINESS: Management Services  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)3. Street address of the registered office in Hawaii and the name of the registered agent at that address.  
(See reverse for instructions.) (If any change, line out and print change on the right.)

OFFICERS/DIRECTORS: (List all officers and directors. To correct, line out and print corrections on the right. See reverse for instructions.)

OFFICE HELD/ NAME IN FULL  
OFFICER CODE

ADDRESS (INCLUDE CITY, STATE &amp; ZIP CODE)

P/S/T/D NATORT, NATHAN T

3537 KAHAKA DRIVE HONOLULU, HI 96821

P/S/T/D NISHIDA, YASUO  
V TOMITA, SHIGERU160 Hoana Street, Wailuku, Hawaii 96793  
6175 Makaniolu Place, Honolulu, Hawaii 96821☐ NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above information and the information is true and correct, and I am authorized to sign this report.

DATE: 3/11/01

SJ

FILE NO. 0119737D1  
Rev. 1/2001Signature of authorized officer, attorney-in-fact  
for an officer, or receiver or trustee  
(If the corporation is in the hands of a receiver or trustee)File this original  
(SEE REVERSE SIDE FOR INSTRUCTIONS)

2000



EXHIBIT 8

DOMESTIC PROFIT CORPORATION  
FILING FEE: \$25.00

## STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONRETURN ORIGINAL BY MAIL  
PENALTY FOR LATE FILING

JKK

1010 Richards Street

H R/SYL

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2001  
CORPORATE NAME AND MAILING ADDRESS:RESORT MANAGEMENT SERVICES (HAWAII), INC.  
360 PUKALANI STREET  
PUKALANI HI 96768

If above mailing address has changed, line out and print change to the right.

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State and Zip Code:

## 1. AUTHORIZED CAPITAL

CLASS  
COMMONNUMBER  
20,000

## PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS  
COMMON

NUMBER

To correct the above capital(s), line out and print the correct class and numbers on the right.

## 2. NATURE OF BUSINESS:

MANAGEMENT SERVICES

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. Street address of the registered office in Hawaii and the name of the registered agent at that address.  
(See reverse for instructions.) (If any change, line out and print change on the right.)

## 4. OFFICERS/DIRECTORS: (List all officers and directors. To correct, line out and print corrections on the right. See reverse for instructions.)

OFFICER HELD NAME IN FULL  
DIRECTOR CODE

ADDRESS (INCLUDE CITY, STATE &amp; ZIP CODE)

P. S/T/D  
NISHIDA, YASUO  
YOMITA, SHIGERU160 HOAUNA ST  
6175 MAKANIZOLU PLWAILUKU HI 96793  
HON HI 96821☒ NO CHANGES: Do not check this box if changes have been made above. Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

## CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE

2/22/02

Signature of authorized officer, attorney-in-fact  
for an officer, or receiver or trustee

(if the corporation is in the hands of a receiver or trustee)

Print Name

Yasuo Nishida

FILE NO. 0119737D1  
Rev. 1/2002B17  
B22

2001

File this original